BINDING

FOR

RESERVED

S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	and the second	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street or	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis /	3 days ago
		40	
Other contributory causes of importance:		Other Ontributer causes of importance:	
Gallstones	May 1,1923	Gastro platitie	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY HYSICIAN

Fxact PLACE OF DEATH STATE OF MARYLAND County Vellonie CERTIFICATE OF DEATH Registration Dist. No. ciass Village or City / (If death occurred in a hospital or institution, give its NAME it stead of street and 2FULL NAME number.) openty PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH pr S SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. eci may be WIDOWED. OR DIVORCED (Write the word) 6 DATE OF BIRTH HEREBY CERTIFY, That Vattended the deceased from at tions (Month) (Day) (Year) 7 AGE If LESS than The CAUSE OF DEATH * was as follows: 00 8 OCCUPATION te (a) Trade, profession or particular kind of work piai (b) General nature of industry business, or establishment in (Duration) L which employed or (employer) I Contributory 9 BIRTHPLASE AT (State or country) OW (Duration) F DI OG 10 NAME OF U 11 BIRTHPLACE (O LI OF FATHER ENT SO *State the Piscase Causing Death, or, in deaths from CAU (State or country Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 00 OF MOTHER 4 18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Transstate CCU2A ients or Recent Residents) At place In the OF MOTHER of death _____yrs.____mos.___ds. (State or Country 00 Where was disease contracted, if not at place of dea h?..... shoul of 14 THE ABOYE IS TRUE TO THE BEST OF MY KNOWLEDGE Every item CIANS sho statement c Former or usual res.dence (Informant) 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS If more banks are needed, addre s Ltate Negistrar, 16 W. Seratoga St., Balto., Requesting V. S. No. I.

S No. 1

a certificate under "21 lite" - see

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Fublic Health Association.)

Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., without more precise specimeanon with laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation (b) Automobile factory. The materia (6) Grocery;

Statement of Cause of Death—Name, first, the DISE EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinul fever (the only definite synonym is "Epidemia cerebros inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopseumonia ("Pneumonia");

American Medical Association.) Tapproved by Committee on Nomenclature "E:haustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease st_ted unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need Chronic interstitial nephritis, as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Chronic etc. The contributory valvular Always qualify all heart not be disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

UR

PLACE OF DEATH

County Wicomico	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Salesbury (No. Serves 2FULL NAME Mr. Josae J. Bognese	wild Level Horston: 13 Ward) a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White (Write the word)	16 DATE OF DEATH May 29, 1923/ May (Month) 29 (Day) 1931 (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw h Amalive on 1924.
7 AGE If LESS than I dayhrs. ds. ormin.?	The state of the s
B OCCUPATION (a) Trade, profession or Farmer particular kind of work A Tarmer	
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrsmos6ds.
9 BIRTHPLACE (State or country) Md,	Contributory Secondary (Duration) A yrs. mos. ds.
10 NAME OF Unknowy	(Signed) (Address) Selenting
US STATE (State or country) Unknowy	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Unknowy	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Unknown	At place of deathyrsmosdsdsdsdsds.
(Informant) Perusula Le Hosfit	Where was disease contracted, it not at place of dea.h?
(Address) Salesburg MA	Pures au May 3/, 1931
Filed May 3/ 193/. & May Survey Registras	Et Wylson, Glame
If more blanks are needed, address ttate Negistran	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

66239

STATE OF MARYLAND

(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from Spinner, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATHI gaged in domestic service for wages, as Servant, Cooks work, or At Home, and children, not gainfully emhousehold only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House*er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every person, irrespective ci fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Physician, Compositor, Architect, Locomotive engineer, Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros. inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, tclanus) may be stated under the head of "contributory." approved by Committee on Nomenclature carbolic acid-probably suicide. The nature of the injury, "Uraemia," "Weakness," etc., whon a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E.:haustion," "Heart failure," "Haemorrhage," st_ted unless important. Example: Measles (disease American Medical Association.) accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(secondary Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid cough; or intercurrent) affection need not be Chronic valvular heart disease; etc. The contributory of the

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V. S. No. 1

Y PHYSI-	PLACE OF DEATH County Micronico	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 332
CORD od EXACTL erly classif	Village of Chy Stand Sel (No. 2FULL NAME Question Bril	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of atreet and number.)
NT state	PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED,	MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH
ERMAI hould be t may be on back	Male Mule WIDOWED. OR DIVORCED (Write the word)	(Month) (Day) (Year) I HEREBY CERTIFY, that I attended the deceased from
THIS IS A PI piled. ACE sh ms so that it instructions	(Month) (Day) (Year) 7 AGE (If LESS than	that I ast saw h alive on 192,
	yrsmosds. ormin.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
G INK7 efully sup in plain te tant. See	(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) yrs. mos/10 ds.
NFADIN be car SEATH y impor	9 BIRTHPLACE (State or country) 1 10 NAME OF	Contributory Secondary (Destion) yrs
TION IS VERY	TO NAME OF FATHER CONCERNS DETTINGUES 11 BIRTHPLACE OF FATHER (State or country) Many Cand 12 MAIDEN NAME	(Signed)
PL LY	OF MOTHER Cleak Subby 13 BIRTHPLACE OF MOTHER (State or Country) Maryland	1B LENGTH OF RESIDENCE (For ients or Recent Residents) At place of deathyrsmosds. Where was disease contracted.
WRITE y item NS shote	(Informant) Cleavance Butting 164 (Address) The Best of MY KNOWLEDGE	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL AND A A A A A A A A A A A A A A A A A A
CIA Stat	Filed May 8 18 Leland J. Arietta. Registrar If more bianks are needed, address State Registrar,	20 UNDERTAKER Microsia Co ADDRESS NULL & MONVEY SELMON 524 16 W. Saratoga St., Balto., Reguesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The questired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, Spinner, (b) Cotton mill; (a) Solesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a ," etc., For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal ineningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

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M)	Y, PHYSI-
O	ENTECORD	ACE should be stated EXACTLY, PHYSI- that it may be properly classified. Exact
OR BINDING	PERM.	should it may b
N.	K	ACE that

	PLACE OF DEATH County We conico	CERTIFICATE OF DEATH Registration Dist. No. 933
tiricate.	Village or City Dalubry (No. Pennise 2FULL NAME Charles Br	
cer	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ack or	male Black SSINGLE, MARRIED, havined willowed. OR DIVORCED (Write the word)	16 DATE OF DEATH May 23, 105/
tions on p	6 DATE OF BIRTH 2 3 , 1900 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 20 192/, to 102/23, 192/, that I last saw have alive on 102/,
instruc	3 yrs. Of mos. O de. or min.?	and that death occurred on the date stated above, at 7. 9 -m. The CAUSE OF DEATH * was as follows:
ant. See	(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	(Duration) yrs, mos 10 de
Import	9 BIRTHPLACE (State or country) Maryland	Contributory Sefected Bladder (Greetes Secondary in Invin yes (Duration) yes mos ds.
is very	10 NAME OF FATHER UNKNOWN	(Signed) Much R mann M. D. may 23 192/ (Address) Dalinly of
2011	OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
0000	OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) Whendur	At place of death
io mai	(Informant) Peninsula General Wassertal	Former or usual residence all ability ord
Statem	(Address) Salisbury, and 15 Filed May 26 1931. V. May Turne Registras	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL NELLE SUPPLIES OF A DATE OF BURIAL 20-UN DERTAKER AND SUPPLIES OF BURIAL AND SUPPLIES
	If more b.anks are needed, addre.s tate Kegistra	r, 18 W. Saratoga St., Balto., Requesting V. S. ivo. 1.

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Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Jiphoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"PUERPERAL septicaemia," "PUERPERAL peritonitis, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, approved by (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Heart failure, Liaemorrhage, "Shock," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) (secondary or intercurrent) Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY (name origin; "Cancer" is less definite; avoid Committee on Nomenclature of the Chronic and consequences (e. g., sepsis, Example: Measles (disease affection need etc. The contributory valvular heart disease; not be

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PLACE OF DEATH County W COMICO HAMIN CORPORA DE LA	STATE OF MARYLAND CERTIFICATE OF DEATH
0 0	Registration Dist. No. 333
Village or City Salisbury (No. Jense	sail 4 Genel Handal (If death occurred in a hospital or institu-
2FULL NAME Brown, Baby -	Eden Md. tion, give its NAME In- stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color OR RACE 5 SINGLE, MARRIED, MIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH May 13, 192 / (Month) (Day) (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
May 13, 1931	May 12 18 1. to May 13, 1981.
(Month) (Day) (Year)	that I last saw halive on
7 AGE If LESS than I dayhrs.	and that death occurred on the date stated above, at
yrs. o mos. ds. or min.?	Premalure Brith (6 mos)
(a) Trade, profession or particular kind of work	
business, or establishment in	(Duration)yrsmosda.
9 BIRTHPLACE (State or country) Maryland.	Contributory Secondary (Duration) yrs
10 NAME OF FATHER John Brown	(Signed) Sine P Man. M. D.
OF FATHER (State or country) Maryland.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Helen Leatherbury	13 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Maryland	At place In the of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of dea.h?
(Informant) Permisula Genil Hospital	Former or usual residence
(Address) Salisbury, Mik	Hower Hill Com May 15:131
Filed May 14/9231. Ut May Turner Registral	In the Steviait Salesbuy Ind
If more blanks are needed, addre.s Ltate Registrar	16 W. Saratoga St., Balto., Requesting V. S. Ivo. 1.

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); s, inal meningitis"); Diphtheria (avoid use of "Croup"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

> "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
> "E.haustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," st_ted unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentclanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; Examples: Accidental drowning; Struck by railway train-American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, resulting from childbirth or miscarriage as Chronic etc. The contributory valvular heart disease; Nomenclature of the not be

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AR	Cac	PLACE OF DEATH	STATE OF MARTLAND
(11)	王则	County / Wome Co	CERTIFICATE OF DEATH
	, p	O A I	Registration Dist. No. 33.3
	ŽĚ	Jaliahan RD. 4	S. S Wand (If death occurred
ORD	9 % CT	Village or City auchung (No. 1)	St.: Ward) a hospitel or instit
Ō	Sat	Lillie Englis	tion, give its NAME I stead of street as number.
	A CE	2FULL NAME OUT CHECK	
-	ope	PERSONAL AND STATISTICAL PARTICULARS	SEDICAL CERTIFICATE OF DEATH
ANI	d be st ly be pr ack of	Amale Hold (Write the word)	16 DATE OF DEATH May 6, 183/
Z Z	ma n b	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased fro
BIP	S TO	une 4 1892	Jel 1, 1931. to May 6, 1987.
r v	SE ons	(Month) (Day) (Year)	that I lest saw her alive on My (a. 197
S	Action	7 AGE [If LESS than	and that dooth occurred on the date atated above, at 9: 24
S	s s.	27 11 9 I dayhrs.	The CAUSE OF DEATH * was as follows:
OH.	me	yrsde. ormin.?	
> T	tel ee	(a) Trade, profession or	Lineray V, 100
ER-X	Sino	particular kind of work	1
ES	Hager 1	(b) General nature of industry pusiness, or establishment in	(D :)
R 0	in	which employed or (employer)	(Durstion) yrs mos d
Z	Ca TH	9 BIRTHPLACE	Contributory Secondary
FA	EA	(State or country) Maryland	(Duration)
AR	ory	10 NAME OF FATHER	(Signed) J Wesley M. 1
Z _	O S	James 17. a grace	5/ 198/ (Address) Salestul MA
E	SE N	of Father	*State the Disease Causing Death, or, in deaths from
1	000	Z (State or country)	Wiolent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
7,	- 4	T 12 MAIDEN NAME OF MOTHER LILE AND SEE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tren
7	nform state	13 BIRTHPLACE	ients or Recent Residents)
	stat	OF MOTHER (M)	At place of death
PL	+ 50	(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not st place of death?
Ш	- 50	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or
TIZ	sh	(Informatile. Ochan U. Carey.	usual residence
WRIT	N N N N N N N N N N N N N N N N N N N	R.D. #4 Sola Low Man Paul	19 PLACE OF BURIAL OR REMOVAL
-	Every CIAN: stater	(Argaress) 77 7 Watter 1 19 May ary	Jacone am May 8., 105
	8 B	15 Filed May 8 1931. V. May Turner	20 UN DERTAKER LO JAPRESS
	ż		r, 16 W. Seratoga St., Palto., Requesting V. S. No. 1.
1		et tunis bisure als lisered andiere prate vekistist	

(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salcsman, (b) should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH definite salary), may be entered as Housewife, House-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) Automobile foctory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Doy For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospital fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"telanus) may be stated under the head of "contributory." approved by Committee on American Medical Association.) stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be Whooping cough; Chronic etc. The contributory valvular heart disease; Nomenclature Measles;

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If more blanks are needed, address State Registrar, 16 W. Saratoga J., Baito., Requesting V. S. No. 1.

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

Spinner, should be used only when needed. As examples: (a) Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits ean be known. The ques-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook ployed, as Al school, or Al home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material 6 Grocery,

Statement of Cause of Death—Name, first, the Dis-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospicul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

> approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State eause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. ean be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condistated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death as fracture of skull, and eonscquences (e. g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS State MEANS OF INJURY eausing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) affection Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, resulting from childbirth or miscarriage Chronic etc. valvular Always qualify all The contributory heart need Measles; disease; not be

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V S. No. 1

EVISED UNITED STATES S

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Fublic Health Association.)

cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the tired 6 yrs). state occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the additional line is provided for the latter statement; it nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Nanager," "Dealworked on may form part of the second statement. Civil engineer, Foreman, (b) For many occupations a single word or term on (b) Cotton mill; (a) Salesman, Compositor, Architect, For persons who have no occupation Stationary fireman, etc. But in many Automobile factory. The material Locomotive engineer, (6) Grocery;

Statement of Cause of Death—Name, first, the pre-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros: inal meningitis"); Dinhtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Fneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> __carbolic acid-probably suicide. The n-ture of the injury, American Medical Association.) (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL seplicaemia," "PUERPERAL peritonitis, "E haustion," "Heart failure," "Haemorinage, "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. use of "Tumor" as fracture of skull, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; Examples: Accidental drowning; Struck by railway train-(secondary Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJU.: Y by Committee on Nomenclature or intercurrent) affection need not be for malignant neoplasms); Chronic and consequences (e. g., sepsis, Example: Measles (disease etc. The contributory valvular heart disease; Measles ;

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V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Wicosico	CERTIFICATE OF DEATH
WITHIN CONTROL OF THE STATE OF	Registration Dist. No. 233
Village or City & alisbury and (No. Personale	
Village or City Dalisbury and (No. Perusula	ordii, give its intitit in
2FULL NAME mrs annie 6. Cul	ver, 70/ Pine St of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	
3 SEX 4 COLOR OR RACE 5.5!NGLE.	MEDICAL CERTIFICATE OF DEATH
MARRIED, married.	16 DATE OF DEATH May 3, 1931
demale white OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
morenson?	april 30 ,1931. to may 3 , 1931
(Month) (Day) (Year)	that I last saw her alive on man 3 , 1921
7 AGE [If LESS than	and that death occurred on the date stated above, at 10:45 Cm
70 yrs. mos. ds. or min.	The CAUSE OF DEATH * was as follows:
8 OCCUPATION	My ocardeal Dunffereny
(a) Trade, profession or particular kind of work	Chrome Rephales tines them
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration)yrsmosds.
9 BIRTHPLACE	Contributory Secondary
(State or country)	(Duration) yrs mos ds
10 NAME OF FATHER Mr. Thomas Jones	(Signed) Thurs R Mann. M. D.
11 BIRTHPLACE	5/4 197/ (Address) Datuly Ind
OF FATHER Z (State or country)	
bu (State of country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Cliza Fletwood	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE	ients or Recent Residents) At place
(State or Country)	of death yrs mos des State yrs mos des
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea h?
(Informant) Ben. Sen. Hospilit	Former or usual residence. Dechard del.
	19 PLACE OF BURIAL OF MEMOVAL DATE OF BURIAL
(Address) Salishny Ind	Dealord Del 2004 1/bay 69.81
15 Filed May 3 1931. L. May hume	20 UNDERTAKER ADDRESS IN
Registrai	m. d. wason your Leaford Sell
If more banks are needed, addre.s tate kegistrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census end American Fublic Health Association.)

fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocer," etc., without more relationer, Coal mine, etc. laborer, Farm laborer, Laborer—Coal mine, etc. Spinner, (b) Collon mill; (a) Salcsman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Parmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, to report Foreman, (b) For many occupations a single word or term on without more precise specification as Day specifically the occupations of persons en-For persons who have no occupation Automobile factory. The materia (b) Grocery; Wom-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same diselse. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typheid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia")

> unqualified, is indefinite); Tuberculosis of lungs, men-inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "(E:haustion," "Heart failure," "Ilaemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Drcpsy," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopmeumonia (secondary), st_ted unless important. use of "Tumor" for malignant neoplasms); Measles; as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, ictanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway train-Whooping cough; American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY (name origin; "Cancer" is less definite; avoid Chronic Example: Measles (disease etc. The contributory valvular heart disease;

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M	item of infor- should state of OCCUPA-
	I UNFADING INK—THIS IS A PERMANENT-RECOKD. Every item of inforsupplied. AGE should be stated EXACTLY. PHYSICIANS should state n terms, so that it may be properly classified. Exact statement, of OCCUPA-
BINDING	EXACTLY.
FOR	IS A I stated proper
MARGIN RESERVED FOR BINDING	AGE should be that it may be
MARGIN	supplied.

1.	STATE C	F MARYLAND—	CERTIFICATE OF DEATH	06247
1.	County Tilomie	2	(2.3)	321
	A/.V		Registration Dist. No.	0 0/
	Village or City ANERTO	7 (1	No. death occurred in a hospital or institution, give its NAME instead of	street and number)
	Length of residence in city or town where	death occurred 40 yrs mos	ds. How long In U. S. if of foreign birth?yrs.	mos
2.	. FULL NAME HEN ge	of Nashey		
	(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city of	town and State
Sales Sa	PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DI	
3. SI	male Hite	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (white the word)	21. DATE OF DEATH May 27 (Months)	7 , 193 / (Yea
5a. I	If marriad, widowed, or divorced HUSBAND of	1 0	22. I HEREBY CERTLEY, That	l attanded dacaasad
_	(or) WIFE of Nation 6.	Harby	May 26 13/ 10 May o	27 ,196
	ATE OF BIRTH (month, day, and year)	C 24 1878	I last saw how elive on Turay 16	_, 1902 ; daath i
7. A	GE Years Months	Days If LESS than	to have occurred on the data stated above, et	
1	2 Trade arefering as particular	ormin.	were as follows:	Date of
NO	8. Trede, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Caborer	Currently francis	creco.
-	9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc			
3	10. Date deceased last worked et	11. Total time (yaars)		
4	this occupation (month and yaer)	spant in this occupation	Other County of the County of	
12. [BIRTHPLACE (city or town)	d	Other Coutributory Causes of Importance:	
~	(State or country)	1 1		
FATHER	13. NAME Obedias	Warry.		
FAI	14. BIRTHPLACE (city or town)	120.	Name of operation	Date of
2	15. MAIDEN NAME Sarah.	P Frahau	What test confirmed diagnosis? Was	
	16. BIRTHPLACE (city or town)	mo	23. If death was due to external causes (VIOL ENCE) fill in also th Accident, suicida, or homicide?	
Σ	(State or country)	4	Where did injury occur?	
17. I	INFORMANT Ratie 6 1	asky mot	(Specify city or town, coun Specify whether Injury occurred in INDUSTRY, in HOME, or in F	ity and State) PUBLIC PLACE.
18. E	BURIAL, CREMITION, OR REMOVAL	m - 1	Manner of injury	
_	Piece	Date May 29 , 1931	Nature of injury	
19. l	UNDERTAKER TO TOUTE	lown, ms.	24. Was disease or injury in any way related to occupation of dec	caesed?
20. F	FILED May 17, 1931 1	nes & M Walla	(Signed) (Address) (Address)	ear

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, mainter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example 1		Example II	
The principal cause of of importance were as	death and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	3 A 1931	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephr	dus	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	DUREAU V. S	July 5,1927	Peritonitis	3 days ago
	The second secon			
Other contributory cau	ises of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

TION is very important. See instructions on back of certificate. WITH UNFADING INK-THIS mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be MARGIN RESERVED B.-WRITE PLAINLY,

1. PLACE OF DEATH		0
County Theonico	Registration Dist. No. 33.	3
Village or City Salisbury	No. St., Adeath occurred in a hospital or institution, give its NAME instead of street and n	O Ward
	death occurred in a norphat of institution, give its to Airie instead of street and it.	
(a) Residence: No. 310 Hazel, Unu (Usual place of abode)	1	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	State
3. SEX 4. COLOR OR RACE S, SINGLE, MARRIED, WIDOWED, OR DEVORCED (write the word) Mule M	21. DATE OF DEATH (Month) (Day)	193 / (Year)
5a. It married, widowed or divorced HUSBANO of Warehald Control of the HUSBANO of Ware		
(or) WIFE of May C. Alumnond	22. THEREBY CERTIFY, That I attended of	leceased trom
6. DATE OF BIRTH (month, dey, end yeer) 7. AGE Yeers Months Deys If LESS then		; death is said
78 8 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importance were es totlows:	Date of onset
8. Trede, profession, or perticular kind ot work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Cerebol Hewon kay &.	74195
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dete decessed lest worked et this occupetion (month and spent in this		
10. Dete deceesed lest worked et this occupetion (month and year)		
TO PURTURE ACT (-1)	Other Contributory Causes of importance:	3
12. BIRTHPLACE (city or town) (State or country) (State or country)	artero Delerono	Thelan
14. BIRTHPLACE (city or town).		
(Stete or country)	Neme of operation Date of Whet test confirmed diagnosis? Was there an air	u'opsy?
15. MAIOEN NAME Nebecca Cardin	23. If death was due to external causes (VIOLENCE) fill in also the following	
15. MAIOEN NAME Scheed Cardin 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	, 19
(State or country) Vugues	Where did injury occur?	· · · · · · · · · · · · · · · · · · ·
17. INFORMANT Honds F. Sunnal (Address) Ballinger, M.	(Specify city or town, county and State Specity whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	ACE.
18. BURIAL, CREMATION, OF REMOVAL Tourden Parky Gen.	Menner ot injury	
Place Pallinal Oate 5/10 B1, 19	Nature ot injury	
19. UNDERTAKER OF SELECTION OF CO., (Address) Selection of the control of the con	24. Wes disease or injury in any way retated to occupation of deceased?	
20, FILED May 18, 1931. V. May Junes Registrar.	(Signed) Luis R Mann (Address) Dalily my	M. O.
in the second se	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

CTATE OF MADVIAND CEDTICICATE OF DEATH

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLACE OF DEATH

County Microsica

Mary & Elman & Elno.

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16249

ATE OF MARYLAND TIFICATE OF DEATH

Registration Dist. No.

_St.:	Ward)	a mospital of institut
		tion, give its NAME in stead of street and
		number.\

2FULL NAME Laura Ellioto	tion, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR PACE 5 SINGLE, MARRIED, MIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH /// (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE (If LESS than I day hrs.	that I last saw he alive on May 3, 192/, and that death occurred on the date stated above, at 1 m. The CAUSE OF DEATH * was as follows:
yrsds. ormin.? 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Durstion yrs mos ds.
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) (State or country) (State or country)	Contributory Secondary Secondary Signed) (Signed) (Address) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the of death yrs
(Address) DElman DU RXH3 (Address) DElman DU RXH3 (Address) DElman DU RXH3	19 PLACE OF BURIAL OR REMOVAL BATE OF BURIAL ADDRESS ADDRESS

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from laborer, Farm laborer, Laborer—Coal mine, etc. Womsary to know (a) the kind of work and also (b) the cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealnature of the husiness or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many worked on may form part of the second statement. report specifically the occupations of persons en-Foremun, especially in industrial employments, it is neces-For many occupations a single word or term on Compositor, Architect, Locomolive engineer, (b) Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the DISLEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death American Medical Association.) approved by Committee on telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by taken. FOR VIOLENT DEATHS state MEANS OF INJURY "PUERPERAL septicaemia," "PUERPERAL peritonitis," "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage, stated unless important. as fracture of skull, carbolic acid-probably suicide. The nature of the injury or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Examples: Accidental drowning; Struck by railway train-Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as Chronic and consequences (e.g., sepsis, etc. The contributory valvular heart disease; Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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Mr.	I
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PLACE OF DEATH

County Wishington

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist No 321

Village or City Africa Mice (No.	St.: Ward) (If death occurred in
2FULL NAME Joseph Post	a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Single OR DIVORCED (Write the word)	16 DATE OF DEATH May 7, 190/ (Month) (Lby) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Jan 12 ,9/8	, 192, 192, 192
Jonth) (Day) (Year)	that I last saw halive on, 192,
7 AGE [If LESS than	The state of the s
of / yrs. ? Hmos. 2. ds. or min.?	
B OCCUPATION	accidental Hroming
(a) Trade, profession or	himmin Riner -
particular kind of work (b) General nature of industry	he autobay - he my great
business, or establishment in	(Duration) yrs mos ds.
which employed or (employer)	
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) yrs mes ds
10 NAME OF FATHER	(Signed) & They white commer M.D.
IL BIRTHPLACE MUIL (MUREN	may 14 1931 (Address) Santaing may form
OF FATHER Z (State or country)	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
12 MAIDEN NAME	Accidental, Suicidal or Homicidal.
of MOTHER Melle osll	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE (OF MOTHER	At place In the
(State or country)	of death yrs. mos. ds. State yrs. mos. ds.
14 THE ABOVE S TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea h?
M His Landon	Former or usual residence
(Informant) Messex assex	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) I manlico Mo	a T. Ind
15 30 11/10/10/10/10/10/10/10/10/10/10/10/10/1	20 UNDERTAKER ADDRESS
Filed May 15 198 MM & M Walled	1-11 DEM /18 12. 1

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

CERTIFICATE UNITED STATES OF DEATH STANDARD

(Approved by U. S. Census and American Public Health Association.)

should be used only when reeded. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the definite salary, may be entered as Housemife, House household only (not jaid Housekeepers who receive a worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Collan nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer. Physician, Compositor, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation -- Precise statement of ocor given up on account of the DISTA-E CAUTING DEATH Housemaid, et .: If the occupation las been changed gaged in dome tic service for ware, as Servad, Cook to report specifically the occupations of persons enployed, as At school, or it home. Care should be taken work, en at home, laborer, (a) Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm latorer without more precie specification as Day who are engaged in the duties of the (b) Adamobile factory. The materia Stationary firement, etc. Luborer -Coal mine, etc. Wom-Architect, Locomo i e But in

business, that fact me,
business, that fact me,
bired 6 yrs. For person who
whatever write Nane.

Statement of Cause of Death—Nume. first, the Dis.
EASE CALSING DEATH the primary affection with respect y
and causation, using always the same acceptand causation, using always the same acceptand causation is "Epidemia carebra""Croup"); never repor "Tyrkel" Pneumonia",

characted in datail, it will prevent further correspondence.

obtained before the certificate is

American Medical A . octition. approved atic), carbolic acid—probably mucide. The n ture of the injury, as fracture of skull, and consequences (e.g., sepsis, telanus) may be stated under the head of "contributory." stated unless important. Example: Measles use of "Tumor" (Recommendations on statement of cause of "PUERPERAL septionemia," 'PUERTERAL perdonitis," "Inanition, "Debility" ("Congenital," "Senile," etc., "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing inges, perilonaeum, etc., Carcinoma, accident; Real r wound of i ead homicide; or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia, (secondar, Chronic interstitial nephriles, Whooping cough unqualified, is indefinite; Tuberculosis of lungs, men-Examples: Accil and drowing; Struck by reilway traincan be ascertamed It this certificate is look d ver thoroughly and a l qu stions "Atrophy." "Collapse." "Coma," "Convulsions, death, 29 ds.; Branchopneumonia (secondary), Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY 'name origin; "Cancer" is less definite; avoid " "Marasmus, or intercurrent Committee on for malignant neoplasms); . Measles; as the cause. Chronic ""Anaemia" merely symptometc. "Old Age," "Shock," affigation udrular heart Nomenclature The contributory Always qualify all etc., "Dropsy, Sarcoma, need (disease disease; not be etc., of

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Wiconico	CERTIFICATE OF DEATH
	Registration Dist. No. 333
	0
B. e.	(If death occurred in a hospital or institu- tion, give its NAME in- spend of street and
2FULL NAME // Clean / n	Powell & Hanover Armber Salesbury
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male While Single, MARRIED MARRIED WIDOWED. OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH March 21 897	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw humalive on May 2 , 192
7 AGE If LESS than	and that death occurred on the date stated above, atm.
34 yrs. 2 mos. 2 ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION	Telanus
(a) Trade, profession or Plumber	
(b) General nature of industry	1/
business, or establishment in which employed or (employer)	(Durstion) yrs. mos. ds.
9 BIRTHPLACE	Contributory Marked left them nail
(State or country)	(Duretion)
10 NAME OF William Greene	(Signed) / Luca R Maun M. D. of 23 1928 (Address) Dalishung gred
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Clinefith Nelson	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In theds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, Saluly nd-
(Interment). There V. Breene	Former or usual residence delay my
(Add tanore st. Salistry Ind.	Lifutylem. Parkely Ja. May 26, 1931
15 Filed May 26 19931. & May Junes	20 ONDERTAKER Salishery Md.
If more b.anks are needed, addre.s Ltate Negistra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to e ch and every person, irrespective ci fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servani, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal minc, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) nature of the husiness or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on yrs). without more precise specification as Day For persons who have no occupation (6) Automobile factory. The material Salesman, 6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinul fever (the only definite synonym is "Epidemia cerebrosinal meningitis"); Diphtheria (avoid use of "Croup"); I Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia")

(secondary or intercurrent) affection need not be st. ted unless important. Example: Measles (disease "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E.haustion," "Heart failure," "Ilaemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; approved by Committee on as fracture of skull, and consequences (e.g., sepsis, State cause for which surgical operation was under-American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy." "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Chronic valvular heart disease; etc. The contributory Nomenclature

If this certificate is hocked ever thoroughly and a questions answered in detail, it will provent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

S. No.

	PLACE OF DEATH ,	06252 STATE OF MARYLAND
	County Slellond Ca	CERTIFICATE OF DEATH
		Registration Dist. No. 333
		Vaccial St.: 9 Ward) (If death occurred in a hospital or institution, give its NAME in stend of street and number.)
	The Many of the Many	number;
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE, MULLOWILL MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH
	6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
	Oct 6 1909 (Year)	That I last saw h is alive on May 10 , 131
	7 AGE IfLESS than	and that death occured on the date stated above, at 9.43 0 m
1	72 yrs. 7 mos. 22 ds. or min.?	The CAUSE OF DEATH * was as follows:
	8 OCCUPATION (a) Trade, profession or Palence	ling
	(b) General nature of industry	
1	business, or establishment in which employed or (employer)	(Duration) m2s 2 da
	9 BIRTHPLACE (State or country)	Contributory Secondary
	10 NAME OF A A A	(Signed) (Duration) yrs mos de
	1 BIRTHPLACE	Man 1923 (Address) And And Man
	OF FATHER (State or county)	*School the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
	of MOTHER ALL HONDE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
	13 BIRTHPLACE OF MOTHER MI	ients or Recent Residents) At place
	(State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	14 THE BOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or
	(Informant) WM Hondy	usual residence
	(Address) Son Penhage MI 9	Por 4:00 for 2000 21 31
	15 Filed May 3/193/ WMay Turner	20 UNDESTAKER ADDRESS
	Registra	Milwart sabeling on
H	If more blanks are needed, address State Registrar,	, ib W. Saratoga St., Daito., Kequesting V. B. No. 1.

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the DISERASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted ed term for the same disease. Examples: Corebrospinal editor (the only definite synonym is "Epidemic cerebros in all meningities"; Diphtheria (avoid use of "Croup"); sinal meningities"; Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"); Lobar preumonia, Bronchopneumonia ("Pneumonia,"

inges, peritonaeum, etc., Carcinonia, Sarconia, etc., of unqualified, is indefinite); Tuberculosis of lungs, menuse of "Tumor" for malignant neoplasms; Measles; stated unless important. causing death), 29 ds.; Bronchopneumonia (mecondary), (secondary Whooping "Debility" ("Congenital," "Senile," etc.), "Dropsy," (Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. telanus) may be stated under the head of "contributory." carbolic acid-probably sucids. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, approved by Committee on American Medical Association.) Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY g cough; Chronic interstitial nephritis, or intercurrent) affection need not be Chronic valeular Example: Mensics (disease etc. Nomenclature The contributory Always qualify all Ticart death

If this certificate is looked over thoroughly and ail questions answered in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND

CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in a hospital or Institution, give its NAME in-stead of street and number.)

MEDICAL CERTIFICATE OF DEATH Y. That I attended the deceased from and that death occured on the date stated above, at

*State the Disease Causing Death, or, in double from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-

JUN 8 1931 PUREAU V.S.

PLACE OF DEATH	STATE OF MARYLAND
County Wicomico	CERTIFICATE OF DEATH
9 0 0	Registration Dist. No. 333
	General Hazarlast: 13 Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male White Single, married WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 16 (Month) (Day) (Year)
G DATE OF BIRTH Jan. 31 , 1894	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw h am alive on may 8 , 1921
3 7 yrs. 3 mos. 8 ds. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work (b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yts. mos ds.
9 BIRTHPLACE (State or country) plnnsylvania,	Contributory Secondary
10 NAME OF Hiram Lockard	(Signed) (Signed) M. D.
OF FATHER Z (State or country) Pennsylvania	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER mary me multy	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) OF MOTHER (State or Country)	ients or Recent Residents) At place of deathyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of dea h?
(Informant) Pen Sen, Hospital	Former or usual residence
(Address) Salisbury Ind.	Hill Cust any Cuntiland, May 11, 1931
15 Filed May 9 1923/ De May Luner Registras	Holloway + Co. Salishung And
If more banks are needed, address tate negistrar	, 16 W. Saratoga S., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g.. Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Civil engincer, Physician, Compositor, Architect, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman. (b) Grocery; man, (b) Automobilc factory. The material For persons who have no occupation Stationary fireman, etc. Locomotive engineer, But in many .,""Deal-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal favor (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhcid Pneumonia"); Lobar pneumonia, Bronchoppseumonia ("Pneumonia,");

"Debility" ("Congenital," "Senile," etc.), "Drcpsy, "E:haustion," "Heart failure," "Haemorrhage," inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid tclanus) may be stated under the head of "contributory." carbolic acid—probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Noncenclature (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, (secondary or intercurrent) affection need not be Chronic interstitial nephritis, American Medical Association) Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY cough; Chronic Example: Measles (disease etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly annual questions answered in detail, it will proved the correspondence. All the data is essential and must be of med being the certificate is permanently filed.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, additional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Foreman, (b) For many occupations a single word or term on (b) Cotton mill; (a) Salesman, For persons who have no occupation Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); approved by Committee on Nomenclature of the American Medical Association. (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases can be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY resulting from childbirth or miscarriage as "Heart failure," Chronic valvular heart disease; Example: Measles (disease "Senile," etc.), "Dropsy, failure," "Haemorrhage, etc. The contributory Measles ;

If this perifficate is leaved over those by an all questions answered in detail, it will preven the time oppositioned. All the data is essential and must be oblined before the certificate is permanent which

		1	- 60
(II)	TYSI- Exact	PLACE OF DEATH	-06256 STAT
M		County Will Miles	CERTI
-	0.0	and the state of t	O)
	ACTLY, assified te.	t.	(7)-a) Rep
	Ess.	Village or City f wanted (No.	'St.:
C		1. 8	A
C	四文件	2FULL NAME ALMOREL C.	Tolus
	stated Eproperly	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTI
	sta pro of o	3 SEX 4 COLOR OR RACE 5 SINGLE,	
0	0	MARRIED. Marriell	6 DATE OF DEATH
2 4	7 > 5	Temale Tofule (Write the word)	()
ER.N.	hould t may on ba	6 DATE OF BIRTH	17 YHEREBY CERTIFY,
BINDI	4 5 5 0	7.6 6 1899	1 th 2 1929.
	That that tions	(Month) (Day) (Year)	that I last saw h 11 alive on
FOR	00	7 AGE [If LESS than	and that death occurred on the
0	s s	7 h h l'dayhrs.	The CAUSE OF DEATH * was as
/ED	uppile terms se inst	4 2 yrs. 2 mos. 1 ds. or min.?	Olivieron a
2 1	te te	(a) Trade, profession or	
出关		particular kind of work	
RESERVED G INKTHE	refully In plai	(b) General nature of industry business, or establishment in	***************************************
	rta -	which employed or (employer)	(Dur
MARGIN	be caref EATH In Importa	9 BIRTHPLACE (State or country)	Contributory Secondary
FA F	EA		(Dui
A S	F D	10 NAME OF FATHER 2	(Signed)
ΣΞ	houi CF	11 BIRTHPLACE TANGEN Jaylor	In cy 28 193/ (Address)
E	000	of father	*State the Disease Causin
	CAU	W	Violent Causes, state (1) Me Accidental, Suicidal or Homicidal.
-	14	▼ OF MOTHER	18 LENGTH OF RESIDENCE (F
	nform state ocuPA	13 BIRTHPLACE	ients or Recent Residents)
	sta	OF MOTHER	of death yrsds.
d	0 t	(State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
in	= 0	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
WRITE	= 4	(Interprenant) Lake Owens	usual residence
×	ANS	(1) 2/4 7 111	19 PLACE OF BURIAL OR REMOV
=	CIA	(Address) Juantico o 4 a	Il mantico Ma
	U - 0	1 30 04/ 7 5 11 11	Mah = = = = = = = = = = = = = = = = =

TATE OF MARYLAND RTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in ay hespit d or institu-tion, give its NAME i. -stead of street and number.)Ward)

MEDICA	L CERTIFICATE	OF DEATH	
6 DATE OF DEATH		28	
177 HEREBY	CERTIFY, That I att	(Day) conded the d	(Year) eceased fro
that I last saw h	alive on Her	-, 25	1922
The CAUSE OF DEATH	d on the date stated as was as follows:		JR n
	(Duration)		
Signed)	(Address) July	en In	inos d M. I
*State the Disc Violent Causes, state	ase Causing Death,	or, in dea	aths from

CE (For Hospitals, Institutions, Trans-In the State yrs mos ds.

REMOVAL

DATE OF BURIAL

ADDRESS

If more branks are needed, address State Registrar, 16'W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at be in ing of illne. If refired from business, that fact may indicated thus; Farmer resary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it age. For many obupations a single worder term on Statement of Occupation-Precese statement of ocgagid in don the major for a sufficient last definite salary, may be entired as How confe, Housework, or At Home Hilberton, not gainfully employed, as At school. At he Care should be taken household only no wid How har who receive a en at home, who are engaged in the duties of the Spinner, (b) Collon mill, (a) Sulvances, (b) Gracery, (a) Foreman, (b) Automobile sectors. The material should be used only when needed. As examples: (a) cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, fulness of various pursuits can be known. cupation is we y important, so that the relative health-Statement of Cause of Leath-Name, first, the D whatever, write None. or given up of. laborer, worked on may form part of the second statement.

Never return "Laborer," "For Junn "" "Manager." "Deal-Civil engineer. report specifically the etc., ijrs .. Farn. without more provide specification as Day Compositor For persons who have no occupation Countity THE VE CAUSING DEATH Laborer for a stemm, Cook. -Coas minc. etc. Wom-But in The quesmany

EASE CALSING DEATH the primary affection with respect to time and crusation, using always the same accepted term for the same disc se. Framples: (archospanal fewer (the only define symmetric Epidemic cerebroscapital spinal meningities): Dishibate 1975 in the of "Croup"); Typhoid jewer never report "Typhoid Pneumonia"); Lobar pneumonia, Browchopu all the Pneumonia,"

as fracture of skull, and consequences (e.g., sepais, delants may be rated under the head of "contributory." "Uraemia," "Weakness." etc., when a definite disease tions, such as "Asthenia, Annae," "Convulsions, atic, "Atrophy." "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc., "Dropsy," "E-haustion." "Heart failure," "Haemorrhage, "Shock," "Ethaustion," "Heart Lanue, " "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," 10 ds. stated unless important. Example: Meades approved by Connittee on Nomenclature curbolic acid--1 obny mide. accident; Revolver wound of head-homicide: or as probably such, if impossible to determine definitely. "PUERPERAL soplica mia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage causing death, 29 ds.; Bronchopneumonia (secondary) use of "Tumor" for malignant neoplasus); American Medical As. ociation. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was unqualified, is indefinite; Tuberculosis of lungs, men-Examples: Accidenal drown ing; Struck by railway train taken. Whooping cough; Recommendation on statement of perilonaeum, etc., Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STate MEANS OF INJURY Interstitial nephritis, name origin; "Cancer" is less definite; avoid or intercurrent) "Asthenia," "Anaemia" merely symptom-Chronic Carcinonia, etc. affection need The n ture of the injury, valrular heart The contributory etc.), "Dropsy," Sarcoma, etc., of Poisoned by disease diseasc; Measles; not be underdeath 20

If the certificate is located over thoroughly and all quistions answered in detail, it will prevent further correspondence. All the darty is essential and must be obtained before the certificate is permanently fied.

1331

STATE OF	MARYLAND—CERTIFICATE OF DEATH	0.69

1. PLACE OF DEATH					1150
County	Wic	omico			Registration Dist. No. 335
		harptow		O yrs mos	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and namber) ds. How long In U.S. If of foreign birth? yrs. mos. ds
		ilda Ow			
	ence: No				St., Ward.
PERSO	NAI AN	D STATIST	(Usual plac		If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 3. SEX Male White S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write this word) Married					21. DATE OF DEATH May 22 1931, 193 (Month) (Oay) (Year)
5a. If married, wide HUSBANO of (or) WIFE of		ena Owe	ns		22. May Su 281, to May 82 1981
6. DATE OF BIRTH	(month day	and year)	ec 5	I870	I last saw h aliva on may 22, 193/; death is said
	ears	Months 5	Oays I ?	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at J. M. m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
SAWYE	R, BOOKKEE	articular as SPINNER, PER, etc			Cicuto Negliste
9. Industry of work w	business in as done, as S IILL, BANK, a	which SILK MILL, atc	Laborer	•	
10. Data decea	ased last wor cupation (mo	nth and	SD	tima (years) ent in this cupation	
12. BIRTHPLACE ((State or co		De l	aware		Other Contributory Causes of importance:
₩ 13. NAME	Willi	am Owen	18		71.00
	CE (city or to or country)	wn)	Del		Name of operation Data of Data of
15. MAIOEN N	IAME JU	lia Twi	lley		23. If death was due to external causes (VIOL ENCE) fill in also the following:
	CE (city or to or country)	wn)De	.1		Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT Lena Owens (Address) Sharptown, Md.					(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMA		EMOVAL		24 1931	Manner of Injury
19. UNOERTAKER (Address)	W.D.	Graveno Sharpto	or & Brown, Md		24. Was disease or injury in any way ralated to occupation of deceased? 220
20. FILEO MA	123	19.31	mary	E. Mann Registrar.	The F
. 1		If more	blanks are needed.	address State Registrar.	2411 N. Charles Street Baleimare Requesting 7) S. No. 7

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the discase, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis UN	1921	Run over by street car	1 week ago
Corebral hemorrhage STEE	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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TYSI- Exact	PLACE OF DEATH	STATE OF MARYLAND	
7, PH	County Wicomico	(97) CERTIFICATE OF DEATH Registration Dist. No. 332	
NT CORD stated EXACTLY properly classified of certificate.	Village or City Willards MyNo. 2FULL NAME NOAh Pennew	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
d be st y be pr ack of	3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)	
THE PO	G DATE OF BIRTH Qu'el 16, 1855 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1923. to May 15, 1921., that I last saw h alive on 192,	
TTH UNFADING INKTHIS IS A P should be carefully supplied. ACE s SE OF DEATH in plain terms so that N is very important. See instructions	7 AGE 7 6 yrs. mos. 29ds. or min.?	and that death occurred on the date stated above, at 109 tm. The CAUSE OF DEATH * was as follows:	
	OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	acute Calation (Ceart	
	which employed or (employer) 9 BIRTHPLACE (State or country) Waryland	Contributory Clear Selection (Durstion) yrs mos ds. Contributory Secondary (Durstion) Y yrs mos ds.	
	10 NAME OF FATHER James Pennewell 11 BIRTHPLACE	(Signed) Tilles To Broom M. D.	
atlor	(State or country) many and 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-	
f Inform d state	13 BIRTHPLACE OF MOTHER (State or Country) Manyland	ients or Recent Residents) At place of deathyrsmosds. Where was disease contracted,	
075	(Informant) Mary Permewell	if not at place of death?	
WRITE-Every item	(Address) W fillards md.	Pettsville md. Parkess Como May 17. 193/	
Ch	Filed May 15 198/ sellent J. Skuth	no Park a Matsin Sollawille	

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed Spinner, (b) Cotton mill; (a) Solesmon, (b) Grocery; (a) Foreman, (b) Automobile foctory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the whatever, write None. business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Houseloborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter fulness of various pursuits can be known. The quescupation is very important, so that the relative healthployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocor At Home, and children, not gainfully em-For many occupations a especially in industrial employments, it is neceswithout more precise specification as Doy single word or term on

Statement of Cause of Death—Name, first, the DISSEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,");

approved by Committee on Nomenclature American Medical Association.) tetanus) may be stated under the head of "contributory." atic), (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL seplicacmia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Examples: Accidental drowning; Struck by roilway traincan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles, inges, peritonaeum, etc., Carcinoma, Sarcoma, Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men "Atrophy," "Collapse, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid cough; Chronic ," "Coma," "Convulsions, valvular heart disease; etc. The contributory etc., of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

M

BINDING

FOR

MARGIN RESERVED

V. S. No. 1

PLACE OF DEATH	06250 STAT	
County Assertation	(A)	FICATE OF DEATH
WITHIN MORPHISTS LIMITS OF	Rep	gistration Dist. No. 999
Village or City Salisburg (No.	St.:	Ward) (if death occurred la hospital or institution, give its NAME in stead of street and
2FULL NAME GISSE DELLEY	***************************************	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTI	FICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. Married OR DIVORCED (Write the word)	16 DATE OF DEATH	(fonth) (Day) (Year)
6 DATE OF BIRTH	Eyore 23 1931	That I strended the deceased from
(Month) (Day) (Year)	that I last saw ham alive on	8:300
7 AGE If LESS that I day hrs ds. or min. ds. or min.	. The CAUSE OF DEATH * was as	
(a) Trade, profession or particular kind of work (b) General nature of industry	Coentral ap	polexy
business, or establishment in which employed or (employer)	(Du	ration)yrsmosds
9 BIRTHPLACE (State or country) Md.	Contributory Secondary	retion \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
10 NAME OF FATHER TINKINGER	(Signed) JAMW May / 1921 (Address)	Salsbury Ma
OF FATHER (State or country)	#State the Disease Cause	ing Death, or, in deaths from eans of Injury and (2) Whether
of MOTHER Margarel Peters		For Hospitais, Institutions, Trans
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. Where was disease contracted,	In the Stateyrsmosds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?	>=====================================
(Informant) Gesse Setus Ja	Former or usual residence	
0 11/1 1 760	19 PLACE OF BURIAL OR REMO	DATE OF BURIAL
(Address)	20 UNDERTAKER	ADDRESS
Filed May / 1923/. Je May June	Mrs Co Messick	Soris Bivale
If more banks are needed, address State Registr	ar, 16 W. Saratoga St., Balto., Requ	lesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEMIN. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer-fre er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement report specifically the occupations of persons en Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emknow Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day (b) Automobile factory. The material (a) the kind of work and also (b) the person, irrespective of (b) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." earbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing (secondary use of "Tumor" for malignant neoplasms); Measles; approved by Committee on accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injury can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease Whooping (Recommendations on statement of cause of death American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), interstitial nephritis, or intercurrent) cough; Chronic valvular etc. The contributory affection need Nomenclature of the Always qualify all heart not be disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH County Niconico	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Delmar Del (No. 2FULL NAME Revuely M Des	St.: Ward) St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of a street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	(Month) (Day) (Year)
(Month) (Day) (Year)	that I last saw h 2 alive on 2 1922/,
7 AGE If LESS than day hrs. day min.?	and that death occurred on the date stated above, at m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or Jonatha Engineer particular kind of work occonotive Engineer (b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) yre frame, de
9 BIRTHPLACE (State or country) Mayland	Contributory / Manual Justion Secondary Secondary Justion Justion Justion Justion Months
10 NAME OF Sarah C Pusey 11 BIRTHPLACE	(Signed) M. D. M. M. D. M. D. M. M. M. D. M. M. M. D. M. M. M. D. M. M. M. M. D. M.
OF FATHER (State or country) 12 MAIDEN NAME O O O	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Muly Carbona 13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Where was disease contracted,
(Informant) My Nova & Dubey (Address) Olympic Oll	if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed May 19 1931 W J but Registrar	20 UNDERTAKER ADDRESS NILL & Marry Delmar 24

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully eng-ployed, as At school, or At home. Care should be taken Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the husiness or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octo report specifically the occupations of persons enetc., For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation

1931

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

cleanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely. carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, approved by Committee on Nomenclature of the accident; Revolver wound of head-homicide; Poisoned by (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. stated unless important. Example: Measles (disease American Medical Association.) taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underunqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Examples: Accidental drowning; Struck by railway traindiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify al causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is lcss definite; avoid Whooping cough; Never report mere symptoms or terminal condi-Chronic etc. The contributory valvular heart disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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CERTIFICATE OF DEATH Registration Dist. No. 333 Village or City Salusbury (No. Semusilar Serial Jaward) (If death occurred in a hospital or institution, give its NAME in stend of street and number.) PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS SEX 4 COLOR OR RACE SINGLE. MARRIED, Single Wildows Wildows (Month) (Month) (Day) (Year) Terusal White (Write the word) 6 DATE OF BIRTH 17 I HEREBY CERTIFY, That I attended the deceased from 192 (Month) (Day) (Year) 192 (Month) (Month) (Day) (Year) 192 (Month) (Month) (Day) (Year) (Year) 192 (Month) (Month) (Day) (Year) (Yea
Village or City Salisbury (No. Seminarilly Geril Hospital 13Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.) PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH Ternals White Single (Write the word) MARRIED, WIDOWED (Write the word) Fernals White (Write the word) May 9, 1931 17 I HEREBY CERTIFY, That I attended the deceased from 1923, 192
PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH MARRIED. WIDOWED.
PERSONAL AND STATISTICAL PARTICULARS 9 SEX 4 COLOR OR RACE MARRIED Single Widowed OR DIVORCED OR DIVORCED OR DIVORCED (Write the word) 6 DATE OF BIRTH May 9, 1931 17 I HEREBY CERTIFY, That I attended the deceased from 1923, to 1924, to 19
Ternale White Single 16 DATE OF DEATH Ternale White (Write the word) 6 DATE OF BIRTH May 9, 1931 16 DATE OF DEATH May 9, 1931 17 I HEREBY CERTIFY, That I attended the deceased from 1923, to 2, 1923,
Ternale White Widowed (Month) (Day) (Year) 6 DATE OF BIRTH MAY 9, 193 17 I HEREBY CERTIFY, That I attended the deceased from 192 192 192 192 193 193 193 193
6 DATE OF BIRTH May 9, 1931 17 I HEREBY CERTIFY, That I attended the deceased from 1923, to 1923,
, 1, 2, 1
(Month) (Day) (Year) that I last saw h the on 192
3/
7 AGE If LESS than and that death occurred on the date stated above, at
yrs. o mos. ds. or min.
8 OCCUPATION (a) Trade, profession or particular kind of work
(b) General nature of industry
business, or establishment in (Duration)
9 BIRTHPLACE (State or country) Wilcomico Co., Md Secondary Contributory Secondary Contributory Secondary Secondary Ouration) yre mos ds.
10 NAME OF FATHER Claude Herman Puse (Signed) Tolean Cytherles M. D.
11 BIRTHPLACE JO 1928 (Address) Sallishery Ma
OF FATHER (State or country) WA. *State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Else helensloy 18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Transfients or Recent Residents)
13 BIRTHPLACE In the
(State or Country) Maryland, of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE if not at place of dea h?
(Informant) Perusula Leul Hospetograf residence
(Address) Salisbring Diret Cery Worceste a May 11, 1931
Filed May 1/198/ & May Junes 20 UNDERTAKER acting address 21:00,2
If more b.anks are needed, addre. s tate Negistrar, 16 W. Saratoga St., Balto., Lequesting W.S. ho. 1.

(Approved by U. S. Census and American Fublic Health Association.)

business, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, should be used only when needed. additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every person, irrespective ci fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report ployed, as At school, or At home. Care should be taken household only en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman, (b) sman, (b) Automobile factory. The specifically the occupations of persons en-(not paid Housekeepers who receive a Locomotive engineer, As examples: (a) (b) material Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E:haustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. (secondar/ or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY resulting from childbirth or miscarriage as ChronicExample: Measles (disease etc. The contributory valvular heart disease; Measles ;

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V S No. 1

M	ECORD	ted EXACTLY, PHYSI- Dorty classified. Exact ertificate.
FOR BINDING	IS A PERM ENT	f. ACE should be stated to state state state states of the state state states on back of occurrents or occurrents on back of occurrents or occurrent or o
MARGIN RESERVED FOR BINDING	WITH UNFADING INKTHIS IS A PERM ENT ECORD	on should be carefully supplied. ACE should be stated EXACTLY, PHYSI-USE CF DEATH in plain terms so that it may be properly-classified. Exact ON is very important. See instructions on back of certificate.

PLACE OF DEATH	STATE OF MARYLAND
County Sulomelo	Registration Dist. No. 333
Village or City / atkanalking(No	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE, Illescent MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw lendive on
7 AGE about. If LESS than day hrs. day hrs. ds. or min.?	and that death occurred on the date stated above, a
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	Chrome hoge alti
ousiness, or establishment in which employed or (employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) yrs
10 NAME OF FATHER Specific Andrews The Street An	(Signed) M. D.
OF FATHER (State or county)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Meana of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Sallie Cornell	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place in the of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea h?
(Informants/12 21/asy Welson	Former or usual residence
(Address) The Cacle Saling Pay	PARCE OF BURIAL OR REMOVAL DATE OF BURIAL RAPHA MAN 19 31
15 Filed May 19 19231. & May Turner Registra,	20 UNDERTAKER ADDRESS
If more banks are needed, addre state Kegistras	16 W. Saratoga St., Balto., Lequesting V. S. Ivo. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Fublic Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). business, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servont, Cook, Housemaid, etc. If the occupation has been changed er," etc., William Loborer, Loborerworked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealshould be used only when needed. As examples: (0) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the or given up on account of the DISEASE CAUSING DEATH to report household only (not paid Housekeepers who receive a For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Doy specifically the occupations of persons en--Coul minc, etc. Wom-

s. inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid feeer (never report "Typhoid Pneumonia"); fever (the only definite synonym is "Epidemic cerebroed term for the same dise se. Examples: Cerebrospinal Statement of Cause of Death-Name, first, the DIS to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect pneumonia, Bronchopzeumonia ("Pueumonia,

> approved by Committee on American Medical Association.) st.ted unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "E haustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all (secondary or intercurrent) Chronic interstitial nephritis, Whooping (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, corbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJU.Y cough; Chronic affection need etc. The contributory valvular heart Nomenclature not be diseose;

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REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

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Never return "Laborer," "Forcman," "Manager," "Dealnature of the business or industry, and therefore an whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (6) Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal Typhoid fever (never report "Typhoid Pneumonia"); fever (the only definite synonym is "Epidemic cerebroto time and causation), using always the same accept EASE CAUSING DEATH (the primary affection with respec Statement of Cause of Death-Name, first, the Dispneumonia, Bronchopneumonia ("Pneumonia,

> Capproved by Committee on Nomenclature American Medical Association.) "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid tetapus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, can be ascertained as the cause. Always qualify all Chronic interstitial nephrilis, Whooping Examples: Accidental drowning; Struck by railway train State cause for which surgical operation was under-(Recommendations on statement of cause of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY cough; Chronic etc. valvular heart disease; The contributory

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is answered in detail, it will prevent further correspondence. permanently filed If this certificate is looked over thoroughly and all questions

Registration Dist. No. (If death occurred in a hospital or institu-tion, give its NAME it-stend of street and number.) MEDICAL CERTIFICATE OF DEATH (Month) (Day) I HEREBY CERTIFY. That I attended the deceased from and that death occurred on the date stated above, at Violent Causes, state (1) Means of Injury and (2) Whether 18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Transin the State_____yrs.....mos..... DATE OF BURIAL

(Approved by U. S. Census end American Fublic Health Association.)

fulness of various pursuits can be known. The queswhatever, write None. tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been charged er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Flanter, tion applies to each and every person, irrespective cf cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Physician, to report household only (not paid Housekeepers who receive a Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesspecifically the occupations of persons en-Compositor, Architect, For persons who have no occupation Cotton mill; (a) Salesman, (b) Grocery; (b) Automobile factory. The material Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros. inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia");

answered in detail, it will prevent further correspondence.

data is essential and must be obtained before the certificate is permanently filed.

If this certificate is looked over thoroughly and all questions approved by Committee on Nomenclature of the ctetanus) may be stated under the head of "contributory." American Medical Association.) accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL seplicaemia," "PUERPERAL perilonilis, "E:haustion," "Heart Immure,
"Old Age," "Shock,
"Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E.:haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be st_ted unless important. Example: Measles (disease (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway traindiseases "Uracmia," "Weakness," etc., when a definite disease Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJULY Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as Chronic etc. The contributory valvular heart disease;

•	Village or City Darsonshing No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 332 St: Ward) (If death occurred is a hospital or institution, give its NAME is
ons on back of certificate.	PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE.	MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH
	finale white MARRIED. widowd WIDOWED. widowd OR DIVORCED (Write the word) 6 DATE OF BIRTH March 2/, 1/8/82 (Month) (Day) (Year)	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from 192 to 11 attended to 192 192 192 192 192 192 192 192 192 192
instructi	49 yrs. 2 mos. 2 ds. or min.?	and that death occurred on the date stated above, at 1977 m. The CAUSE OF DEATH * was as follows:
Important, See	(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	(Duration) yrs, mes de Contributory Secondary (Duration) yrs, mos de
ATION is very	10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed)
nt of Occup	13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	ients or Recent Residents) At place
statement	(Address) Parsonsburg 1 md (Address) Parsonsburg 1 md Filed May 2 4 13 1 Lebelt 7. Truit Registrar	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Mon 24, 198 20 UNDERTAKER ADDRESS ADDRESS
	If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the laborer, Never return "Laborer," "Foreman," "Manager," "Deal-(a) Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocworked on may form part of the second statement. " etc., without more precise specification as Day Foreman, or At Home, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womyrs). Compositor, Architect, For persons who have no occupation (b) Automobile factory. The material and children, not gainfully em-Salesman. Locomotive engineer, (6) Grocery,

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrapial fever (the only definite synonym is "Epidemic cerebrase inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," stated unless important Example: Measles (disease telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, "PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. use of "Tumor" for malignant neoplasms); American Medical Association.) approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, aceident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(name origin; "Cancer" is less definite; avoid Chronic valvular heart disease; chopneumonia (secondary), etc. Nomenclature The contributory Measles;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH County Ricensies	STATE OF MAR CERTIFICATE OF
Village or City Silmon of (No.	Registration Dist. N St.: Ward) (If a he tion
2FULL NAME Ligah Hem	2 Lank / Vincent num
PERSONAL AND STATISTICAL PARTICULA	RS MEDICAL CERTIFICATE OF DE
Male 4 COLOR OR/RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Da
6 DATE OF BIRTH	1922 1921 to 2003
2 3 11 11	ESS than and that death occurred on the date stated above, and the CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	epidemic form. Curso.
business, or establishment in which employed or (employer)	Contributory And Miles
10 NAME OF FATHER MULLION Bullito	(Signed) (Address) July
(Stato or country) 12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, I Violent Causes, state (1) Means of Injury a Accidental, Suicidal or Homicidal.
13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)	At place of deathyrsmosds. State;
Informant Affian Bullis / VE	Where was disease contracted, if not at place of death? Former or usual residence.
(Address) Demon St.	M. P. Con Susse Co Int
The state of the s	ristrar lice & (marry DZ

2511	STATE OF	MARYLAND
	CERTIFICATE	OF DEATH

Registration Dist. No. 336

t Vincent Ward)	(If death occurred in a hospital or institu- tion, give its NAME is - stead of street and number.)
MEDICAL CERTIFICATE O	F DEATH
16 DATE OF DEATH	17 , 198/
17 I HEREBY CERTIFY, That I atte	. 15
that I last saw h malive on My	17 , 192,
and that death occurred on the date stated of the CAUSE OF DEATH * was as follows:	umugilis,
Contributory (Duration)	yes 12 lines
Secondary (Durstion) (Signed) (Address) Address)	mos de. M. D.
*State the Disease Csusing Death, Violent Causes, state (1) Means of Inju Accidental, Suicidal or Homicidal.	
B LENGTH OF RESIDENCE (For Hospital	ls, Institutions, Trans-
Where was disease contracted,	ds.
f not at place of death?	
9. P. Con Susse Co	STOM 19, 181
UNDERTAKER	ADDRESS

(Approved by U. S. Census and American Public Health Association.)

household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an whatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cool to report specifically the occupations of persons en en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on Farm luborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b)

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

27 State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJURY Examples: Accidental drowning; Struck by railway trainfilelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid - probably suicide. The nature of the injury uccident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal pertionitis," etc. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. can be ascertained as the cause. Always qualify all use of "Tumor" for malignant neoplasms); American Medical Association.) approved by Committee on (Recommendations on statement of cause of death tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condicough; Chronic Example: Measles (disease etc. The contributory valvular heart disease; Nomenclature Measles;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JUN

PLACE OF DEATH	06267 STATE OF MARYLAND
County Willowico	CERTIFICATE OF DEATH
0 -1 11	Registration Dist. No. 33/-
Village or City Islaville (No. 2FULL NAME Rev ZV.	St.: Ward) (If death occurred a hospit I or instition, give its NAME stead of street s number.)
PERSONAL AND STATISTICAL PARTICUL	ARS MEDICAL CERTIFICATE OF DEATH
male with Single. MARRIED. WIDOWED. OR DIVORCED (Write the word)	Month (Month) (Year)
6 DATE OF BIRTH (Month) (Day)	1865 THEREBY CERTIFY, That I attended the deceased from 2 7 1923 to 2 8 , 192 (Year) that I last saw h alive on My 2 8 , 192
. / / / /	day hrs. The CAUSE OF DEATH * was as follows:
a OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrsmos
(a) Trade, profession or particular kind of work (b) General nature of industry	Contributory Secondary
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Secondary (Durstion) (Signed) (Signed) M
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER OF FATHER (State or country)	Contributory Secondary (Durstion) yrs
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER OF FATHER (State or country)	Contributory Secondary (Durstion) (Signed) (Signed) (Signed) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trailients or Recent Residents) At place In the
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE 13 BIRTHPLACE	Contributory Secondary (Durstion) (Signed) (Signed) State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trailents or Recent Residents) At place of death
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLED (Informant) A MAIDEN THE MOTHER (State or country)	(Signed) (Signe
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLED	Contributory Secondary (Durstion) (Signed) (Signed) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Traients or Recent Residents) At place of death yrs. mos. ds. State yrs. mos. Where was disease contracted, if not at place of death? Former or usual residence

REVISED ERTIFICATE UNITED STATES STANDARD OF.)EATH

(Approved by U. S. Census and American Public Health Association.

cupation is very important, so that the relative health-fulness of various pursuits can be known. The quesadditional line is provided for the latter statement; it business, that fact may be mu cated thus: state occupation at he im in of illness. If re gaged in donotic service for wages, as Nerant, Cook definite salary, may be entered as Housewife. Housework, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the er," etc., without more precie specification as Day Never return "Laborer," "Foreman," "Manager." "Dealworked on may form part of the second statement. Spinner, (h) Cotton milly a sil nen. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer. the first line will be sufficient, e.g., Former or Planter, tion applies to each and every Statement of Occupation - Precise statement of ocwhatever. write None. or given up on account of the pasta n causing Distin Housemaid, et : If the occupation has been changed to report specifically the occupations of household only mot paid House spers who receive a Physician, Compositor, Foreman, HOL Farm many Stationary foreman, etc. Bu in many For persons who have no a) the kind of work and also (b) the occupations a Automobile jac'or 1. Archi' ct. , ingle word or term on person, irrespective of mins, etc. Wom-The material persons enoccupationntoril Circum engineer,

stinal meningiti "; Luchtheria avoita : - of to time and causaton, using always read term for the same distribution. Examples: (EAST CAT ING DEATH the primary alocaton Statement of Cause of Death Name, fi the only definite syn my mis 'Fpiden pneumonia, Bro chopicistici fr.er. never using always do Phote with the DIS-The Encept

BURE U

. 'Pneumonia,

"Deblity" ("Congenital," "Senile," etc., "Dropsy," "E:haustion," "Heart failure," "Inemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease diseases resulting from childbirth or miscarriag "PUERPERAL septicuonita," "PUERPERAL peritonitis, tions, such as "Asthenia," "Angemia" imerely symptomcausing death, 29 ds.; Bronchopusumonia (secondary), (secondar / use of "Tumor" for malignant neoplasms; Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of name origin; "Cancer" is loss definite; avoid unqualified, is indefinite; Tuberculosis of lungs, men-(Recommendations on statement of cause of as fracture of skull, and consequences to g., sepses, belanus may be stated under the head of "contributory." carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; or as probably such, if impossible to determine definitely taken. FOR VIOLENT DEATHS STATE MEANS OF INJURY State cause for which surgical operation can be ascertained as the cause. Always qualify all Chronic interstitial nephritis, Whooping American Medical Association. as fracture of skull, and consequences to g., Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL "Atrophy," "Collapse." "Coma," "Convulsions, unless important. Never report mere symptoms or terminal condi cough; " "Weakness, or intercurrent, affection need Committee on Chronic valeular heart disease Example: Mousles (disease etc. The Nomenclature of the or miscarriage contributory was under-Poisoned by not be etc.

If this certificate is looked over thoroughly and all qu stions answered in detail it will prevent further correspondence. All the and must be obtained before the certificate

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as Al school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housenuid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation -Coal mine, etc. Wom-(6) Grocery,

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospical fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railmay train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, cough; Chronic Example: Measles (disease etc. valvular heart The contributory Measles ; disease;

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No 00

PLACE OF DEATH	STATE OF MARYLAND
County Vic Muco	© CERTIFICATE OF DEATH
5	Registration Dist., No. 333
Village or City Solis rung (Nolld, 12	4. I suil. Hospi Dan of death occurred in a hospital or institu-
(Still of MANNE) Po along water	on Mandala Marten and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, Sungle MARRIED, WIDOWED. OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH 5 11- 1933
6 DATE OF BIRTH	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
11 - 231	
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE [If LESS than	and that death occurred on the date stated above, atm,
/ / / I dayhrs.	The GAUSE OF DEATH- was as follows:
B OCCUPATION	Still Om
(a) Trade, profession or particular kind of work	3 22
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration)yrsmosds.
9 BIRTHPLACE	Contributory Secondary
(State or country)	(Durgoof Asie) dos. ds.
10 NAME OF FATHER SOLO SOLO SOLO SOLO SOLO SOLO SOLO SOL	(Signed)
11 BIRTHPLACE WORLD & also	1/2 192/(Address) JMM my M
OF FATHER Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
M 12 MAIDEN NAME OF MOTHER OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER (State or Country)	of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of dea h?
and Personal Hospital	Former or usual residence
(Address) Salisbury Mid	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Filed May 12 19231. & May Turner	20 UNDERTAKER MANNESS MANNESS MANNESS
If more blanks are needed, address tate hegistras	, 18 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

business, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation er," etc., without more previous arrangement, without more previous arrangement, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-laborer, farm laborer, Laborer—Coal mine, etc. Wom-laborer, farm laborer, Laborer—Coal mine, etc. Wom-laborer, farm laborer, laborer should be used only when needed. As examples: (a) fulness of various pursuits can be known. The queswhatever, write None. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Ilousewife, Ilouse-Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every person, irrespective ci cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octo report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, worked on may form part of the second statement. Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman, (b) Automobile factory. The material Locomotive engineer, (6) Grocery;

Strtement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemiz cerebros inal meningitis"); Dinhtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) "PUERPERAL septicacmia," "PUERPERAL peritonitis, approved by Committee on Nomenclature of the (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; "Atrophy." "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJULY resulting from childbirth or miscarriage as Chronic Example: Measles (disease etc. The contributory affection need valvular heart not disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH County & County	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Solesburge 1. Y	Registration Dist. No. 333 St.: Ward a hospital or institu-
2 FULL NAME Carou Chash	tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH 28, 1857	17 I HEREBY CERTIFY, That I attended the deceased from 5/10, 1927, to 5/19, 1923, that I last saw h halive on 28, 1924,
7 AGE 7 Hyrs. 6 mos. 21 ds. or min.?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession of particular kind of work	Justinia
(b) General nature of industry business, or establishment in which employed or (employer)	Durstion) Breek mos de.
9 BIRTHPLACE (State or country) Mary Joseph	Contributory Secondary Durstion yrs mos de.
FATHER COUNTIES.	(Signed) M. D. Muy 19 192/ (Address) Serlih M. D.
OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME 18 MAIDEN NAME 18 MAIDEN NAME 19 MAIDEN NAME 10 MAIDEN NAME 10 MAIDEN NAME 11 MAIDEN NAME 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER OSCHULLES	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
OF MOTHER (State or Country) Maryland	At place of death yrs mos g ds. In the State mos ds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or usual residence Surrespho C. Med
(Address) Sudletree, 2013	The State of Burial or REMONAL May 20, 1931
15 Filed May 191923/ J. May Turner, Registrar	Month Mouse och Course
If more blanks are needed address State Registral	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; if nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Wom-(a) Foreman, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enwhatever, write None. or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation without more precise specification as Day (b) Automobile factory. The material 6 Grocery;

Statement of Cause of Death—Name, first, the DISTEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted ed term for the same disease. Examples: Cerebrospiaal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, aecident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BINDING

MARGIN RESERVED FOR

3 No. 1

PLACE OF DEATH	STATE OF MARYLAND
County W comico	CERTIFICATE OF DEATH
	Registration Dist. No. 333
MIN S POINT S	
Village or City Salisbury Md (No. Penensul	a General Hospital: (3 Ward) a hospital or institu-
2FULL NAME Webster Bal	Boy 300h St City stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, single	16 DATE OF DEATH
Female White OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
may 6 . 1931	may 6 1931. to may 6 , 1931.
(Month) (Day) (Year)	that I last saw h a alive on may 6, 1931,
7 AGE [If LESS than	and that death occurred on the date stated above, at
() () I day 2 hrs.	The CAUSE OF DEATH * was as follows:
U yrs. U mos. U ds. or 40 min.?	
a) Trade, profession or	(Jums Fund
particular kind of work (b) General nature of industry	
business, or establishment in	(Duration) yrs, mos, ds,
which employed or (employer)	Contributory
(State or country) mary and	Secondary (Degation) System more do.
10 NAME OF Morgan Webster	(Signed) M. D.
OF FATHER	192 (Address)
Z (State or country)	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Margaret Willing	10 LINGTH OF RESIDENCE (For Hospitals, Institutions, Truns- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)	At place of death yrs mos ds. In the State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
a a a li A	Former or
(Informant) Ten General Hospilal	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Salislary md	Church Cen. May 8, 19 31
15 Filed May 8 1923/. De May Turner	action of Ministry 217 & Chin
If more blanks are needed, addre.s State Negistran	, 16 W. Saratoga St., Balto., Requesting Vy 5. hostelisbury

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The queslaborer, Farm loborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective ch cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from Spinner, nature of the husiness or industry, and therefore an whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, first line will be sufficient, e. g.. Farmer or Planter, Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman. (b) Automobile factory. The material Locomotive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same diselse. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic rerebros inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,"

> "E:haustion," "Heart failure, 114 ("Inanition," "Marasmus," "Old Age, causing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL septicacmia," "PUERPERAL peritonitis, "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptom-(Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondar or intercurrent) affection need not be approved as fracture of skull, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on Nomenclature of the " "Heart failure," and consequences (e. g., sepsis, Example: Measles (disease "Senile," etc.), "Dropsy, failure," "Haemorrhage," valvular heart disease; etc. The contributory " Shock, Measles ;

If this certificate is looked over thoroughly and all questions ahawered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

			06272
(N	PHYSI-	PLACE OF DEATH County Hierwick WITHIN CORPORATE LIMITS OF	STATE OF MARYLAND CERTIFICATE OF DEATH
CORD	EXACTLY, iy elassified ficate.	Village or City Sahein (No. Jake 2FULL NAME Harry V. M.	St.: 9 Ward) (If death occurred in a hospitel or institution, give its NAME in stead of atreet and number.)
-	Stated proper	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MAN	ay be pr back of	Male 4 COLOR OR RACE 5 SINGLE MARRIED MIDOWED ACTION OR DIVORCED (Write the word)	16 DATE OF DEATH May 5 , 103 / (Money) (Day) (Year)
R BINI A PERI	CE shot hat it m ons on	6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw have alive on May 1923
ED FO	7 AGE If LESS than I day hrs.		
SERVI INKT	lly suppli	(a) Trade, profession or Backet Maker particular kind of work (b) General nature of industry	Phlinnay Ordan
IN RE	careful H in p	business, or establishment in which employed or (employer)	(Durstion) yrs. mos. ds.
IARGIN	d be DEAT	9 BIRTHPLACE (State or country) 10 NAME OF b	Secondary Journal of Million do
MA ITH U	on shoul	STATHER General Helch II BIRTHPLACE OF FATHER (State or country) Marsland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
LY,	Total	of MOTHER Mary Phillips	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transferts or Recent Residents)
PLA	of Inform	13 BIRTHPLACE OF MOTHER (State or Country) Maryland	At place of deathyrsmosds. In the Stateyrsmosds. Where was disease contracted,
WRITE	shor ent o	(Information Butha Mulch	if not at place of death? Former or usual residence
W W	Every I CIANS statem	(Address) Apr Salishery Mayla	19 BLACE OF BURIAL OR REMOVAL DATE OF BURIAL May 7, 193
T	. m	Filed May 1921. U. May Julius Registrar	Holloway + Co. Salisbuy M.J.
32		It more plants are mesusu, address State Reflettar	a to the married word wideron stadenessed at me and a

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation Spinner, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the husiness or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. (a) Foreman, ," etc., report specifically the occupations of persons enor At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, without more precise specification as Day Cotton mill; (a) Salesman. (a) the kind of work and also (b) the (b) Automobile factory. The material Laborer-Coal minc, etc. Wom-6 Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospival fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> tctanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Examples: Accidental drowning; Struck by railway train-Chronic interstitial nephritis, use of "Tumor" American Medical Association.) (secondary unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid cough; or intercurrent) affection need not be ss important. Example: Measles (disease for malignant neoplasms); Measles; Chronic etc. valvular heart disease; Nomenclature of the The contributory

If this certificite is looked over thoroughly and all questions answered in det in it dill prevent further correspondence. All the data is essential and mixed to obtained before the certificate is permanently fied.

	F MARYLAND-	CERTIFICATE OF DEATH 16273
1. PLACE OF DEATH	CON NO	C/ 222
	- Salinburg Hel	run Slate Reg d Registration Dist. No. 333
Village or City Salastung	/ (1f	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where	feath occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME James	R. West	
(a) Residence: Nol Hebro	(Usual place of abode)	St., 9 Ward.
PERSONAL AND STATIST		If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SPIGLE, MARRIED, WIDOWED, OF BLYOKCED (write the word)	21. DATE OF DEATH May 16 1931
5a. If married, widowed, or divotced HUSBANO of (or) WIFE of	rest.	22. I HEREBY CERTIFY, That I ettonded deceased from
	- V /072	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Oeys If LESS than	i last saw h; deeth is said to have occurred on the date steted above, etm.
57 5	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importence
8. Trade, profession, or perticular kind of work done, as SPINNER,	2, -	Cutomobile accident - Date of onset
SAWYER, BOOKKEEPER, etc.	Tame	fractioned shall - me autopy
work wes done, es SILK MILL, SAW MILL, BANK, etc		4:11
10. Date deceased last worked at this occupation (month and year)	11. Total time (yeers) spant in this	ble assident
	occupetion	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town)	hayeand	
13. NAME Button	West.	
13. NAME Bullet 14. BIRTHPLACE (city or town) 970	eyland.	Neme of operation Oete of
~ (State of Country)	0,	What test confirmed diagnosis? Wes there en eu'opsy?
15. MAIOEN NAME	Kuarp_	23. If death wes due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State of country)	nayland.	Accident, suicide, or homicide? Accidentate Oete of Injury honer 16, 19-21. Where did injury occur? Salisland - Helman State Rend
W.11.	west.	Where did injury occur? Salvalance - the and state of Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address) (A) +3.	they Md.	State Road
18. BURIAL, PREMATION, OR REMOVAL	Oate May 18, 1931	Manner of Injury Wallsing when street by Automo
19. UNDERTAKED Followy + Co.		24. Wes disease or injury in eny way related to occupation of deceased?
(Address) Salastraly / M	11. 01	(Signed) S.77 White Common me
20. FILEO May 10, 19031. X.	May June	(Address) Sulinh many land
If more	4/	2411 N. Charles Street, Baltimore, Requesting V. Sl No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example LEIVE		Example II	
The principal cause of death and related causes of importance were as follows: JUN 6 1931	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis BUREAU V. S	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLACE OF DEATH County Wicomico	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 333
Village or City Salsbury Med Ces 2FULL NAME Ida White	unsula Genl storp told (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Months May (Day) 3 (Year) 3/
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192 to May 193/, that I last saw h salive on May 193/,
7 AGE Cloud 3 5 yrs. mos. ds. or min.? 8 OCCUPATION (A) Trade, profession or 0 0 11.	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
(a) I rade, profession or controlled in the profession of particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) New York 10 NAME OF FATHER George Frost 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Glorge White (Address) New Allew Md. 15 Filed May / 1931 & May Jumes Registral	(Signed)
	, 16 W. Saratoga St., Balto., Kequesting V. S. No. 1. Salabury Md

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quostired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective ci cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a en at home, er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Civil engincer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, to report specifically the occupations of persons en-Foreman, (b) For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Salcsman, (b) mnan, (b) Automobile factory. The who are engaged in the duties of the For persons who have no occupation Stationary fireman, etc. But in many Locomolive engineer, (b) materia Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise-se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros. inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,")

> approved by Committee on (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis, can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "E:haustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY for malignant neoplasms); Chronic valvular heart disease; Example: Measles (disease etc. The contributory Nomenclature of the Measles;

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PLACE OF DEATH

STATE OF MARYLAND

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Fublic Health Association.)

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EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise_se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopzeumonia ("Pneumonia");

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PLACE OF DEATH

DATE OF BURIAL If more branks are needed, address State Registrar, 16 W. Saratoga Stef Balto., Requesting V. S. No. 1.

State......yrs.....mos......ds,

(If death occurred in a hospitel or institution, give its NAME insteed of street and

number.)

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

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Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospital fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in Ward) a hospital or institu-tion, give its NAME in-stead of street and

number.)

MEDI	CAL CERTIFICATE	OF DEATH	1
16 DATE OF DEATH	May	1.	., 1931
17 I, HEREE	Monto (Monto)	ttended the	
that I last saw h	live on	1/11	1933
	urred on the date state ATH * was as follows:		tab,
Contributory Secondary	(Durstion)	Jro Z	mos
(Signed)	14. (Address) her	in.	ms
State the	Disease Causing Death state (1) Means of I	or, In de	eaths from 2) Whether

ADDRESS

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting

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PLACE OF DEATH WITHIN CO.	06278 STATE OF MARYLAND			
LONG CORPORATE LIMITE	STATE OF MARYLAND			
County County	CERTIFICATE OF DEATH Registration Dist. No. 333			
Capter	Registration Dist. No. 333			
Village or City alisting (No. Juhne 2 FULL NAME Enuma V. Con	ulosis Sand Bellion Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Marriel Victor OR DIVORCED	16 DATE OF DEATH May 23, 1931			
(Write the word)	(Month) (Day) (Year)			
6 DATE OF BIRTH Chail 24 1931	March 4, 1931 to Mary 23, 1931,			
(Month) (Day) (Year)	that I last saw he alive on May 27, 1921,			
7 AGE [If LESS than				
yrs. mos. 29 ds. or min.?	The CAUSE OF DEATH * was as follows:			
8 OCCUPATION 10	Property to the second			
(a) Trade, profession or particular kind of work	ulmmany testreolosis			
(b) General nature of industry				
business, or establishment in which employed or (employer)	(Duration)			
9 BIRTHPLACE	Contributory Secondary			
(State or country) Maryland	(Duration)mosds.			
10 NAME OF James R. Lockster	(Signed) Charles & Recuster M. D.			
41 PURTURE ACE	May 23 1931 (Address) Sales bruy Mid			
OF FATHER (State or country) Maryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.			
of Mother Emma V. Wibles	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-			
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death yrs 2 mos 2 ds. In the State from ds.			
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, Hewlock Ms if not at place of dea.h?			
Col 0 (1. 00	Former or Heilock, Md			
(Informant) Munitus Xinght	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL			
(Address) Kulock Mos.	Boxt how Markot MA May 25,031			
15 Filed May 23 1983/. & May Tunner	20 Undertaker address feeler			
	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.			
If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.				

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